UNIVERSITY OF CALGARY

Assignment of Assistantship Duties
Graduate Assistant (Teaching)

Reset Form

Graduate Assistant: [ ]   UCID: [ ]

Course/Section: [ ]   Instructor(s) of Record: [ ]

Category / Total Hours:

Faculty/Department: [ ]

Semester of Appointment:

If this is a Revised AoAD form, please indicate which sections have changed: [ ]

Hourly Breakdown

Total Hours:

1. Attendance at Lectures: [ ]

2. Course Reading: [ ]

3. Lecturing, Leading, Supervising and Preparation:
Please add Preparation Time and Delivery Time first, then MULTIPLY the sum by the #of times delivered for the total hours.

	Preparation Time	Delivery Time	# of Times Delivered	
Lectures				[ ]
Tutorials				[ ]
Labs				[ ]

4. Grading: *Please note that as per Article 5.1(a) of the Collective Agreement, "Graduate Assistants are not responsible for assigning the final grades in any course or section of a course."*

Assignment	% of Final Grade	Training	Grading	
				[ ]
				[ ]
				[ ]
				[ ]

Copy: ☐ Graduate Assistant   ☐ Department
☐ gsahr@ucalgary.ca   ☐ gsacontr@ucalgary.ca

5. Student Contact: Total Hours:

   - Office Hours: [   ]

   - Electronic Communication: [   ]

6. Contact with Instructor(s) of Record:

   - Meetings: [   ]

   - Other Communication: [   ]

7. Updating Desire2Learn or other course Resources:

   - Training: [   ]

   - Updating: [   ]

8. Other Duties (Please provide a brief description below):

[   ]
[   ]
[   ]
[   ]
[   ]   [   ]

9. Contingency: [   ]

10. TOTAL HOURS: [0]

Estimated Distribution of Hours over the Semester

To access the hourly distribution calculator please go to:
https://ucalgary.ca/hr/hiring-managing/recruiting-and-hiring/recruit-and-hire-employee/graduate-assistants

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Hours																	

Acceptance

By signing this, you acknowledge that you have reviewed the Assignment of Assistantship Duties form and that you agree it represents a reasonable distribution of all hours and responsibilities expected, and that it also complies with the Collective Agreement between the Graduate Students' Association and the University of Calgary.

Graduate Assistant: _____   Date:_____

Instructor(s) of Record: _____   Date:_____

Dep. Head or Equivalent: _____   Date:_____

Copy: ☐ Graduate Assistant   ☐ Department
      ☐ gsahr@ucalgary.ca   ☐ gsacontr@ucalgary.ca

To ensure timely processing, please submit the form to the Graduate Program Administrator in the Faculty as soon as completed. Any delay in submission may result in a delay of first payment.